

Foster Family Home - Corrective Action Report

Provider ID: 1-100122

Home Name: Mila Rose Pasamonte, CNA

Review ID: 1-100122-8

630 Kaniahe St

Reviewer: David Ayling

Wahiawa

HI 96786

Begin Date: 10/11/2018

End Date: 10/12/18

Foster Family Home

Required Certificate

[17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home visit for a 3 person CCFFH recertification review made on 10/11/18. Corrective Action Report issued during home visit with all items due to CTA by 11/11/18.

6.(d)(1) - see applicable sections of the review

Foster Family Home


Background Checks

[17-1454-7.1]

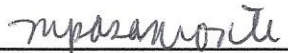
7.1.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

Comment:

7.1.(a)(1) - No second year fingerprints done for HHM #1. HHM #1 moved back May 2018.


Compliance Manager

10/11/18
Date


Primary Care Giver

10/11/18
Date

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: **Pasamonte foster home**

CCFFH Address: **630 kaniahe st. Wahiawa, Hawaii 96786**

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
7.1(a)(1)	I obtained a current fingerprint for HHM#1 and placed it in my cta binder.	10/12/18	i will make sure all SCG"S and HHM"S have their fingerprints done two years in a row, and then every other year for the e crim. I have put the expiration dates on my cellphone calendar.

Primary Caregiver's Signature: *mpasamonte*

Print Name: **Mila Rose Pasamonte**

Date of Signature: **10/12/18**